



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
PO BOX 480, JEFFERSON CITY, MO 65102-0480  
FEDERAL DISCRETIONARY GRANTS SECTION  
**SCHOOL RENOVATION GRANT APPLICATION**  
PROJECT DATES FEBRUARY 28, 2002 TO SEPTEMBER 30, 2003

<b>SECTION I - REVIEW (FOR DEPARTMENT USE ONLY)</b>		
AUTHORIZED DESE SIGNATURE		DATE APPROVED
<b>SECTION II - PROJECT INFORMATION (TO BE COMPLETED BY THE APPLICANT)</b>		
NAME OF DISTRICT		COUNTY-DISTRICT CODE
NAME OF THE CONTACT PERSON	TITLE OF CONTACT PERSON	TELEPHONE NUMBER
E-MAIL ADDRESS		FAX NUMBER
<b>SECTION III - ASSURANCES</b>		
<p>The applicant assures the Department of Elementary and Secondary Education that it shall:</p> <ol style="list-style-type: none"><li>1. test for and remove if necessary any lead or asbestos in an approvable manner.</li><li>2. review fire and life safety issues before any other renovation/repair is considered.</li><li>3. make services accessible to persons with disabilities.</li><li>4. receive and expend funds in a manner consistent with the intent of the approved application.</li><li>5. keep appropriate records for three years and provide the Department of Elementary and Secondary Education any information it may request.</li><li>6. adhere to the requirements of applicable federal statutes and regulations, state rules governing the programs, and all other applicable statutes, including Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972; Gun-Free Schools Certification; and Drug-Free Workplace Requirements. The applicant further certifies that people involved in these projects will meet debarment and suspension qualifications described in 34CFR Part 85 and lobbying restrictions described in 34CFR Part 82.</li><li>7. use these grant funds to supplement, not supplant, any other funds available to the district.</li></ol> <p>The board authorized representative fully understands the assurances and the responsibility for compliance placed upon the applicant by the assurances. The applicant will refund directly to DESE any funds made available to the applicant that have been misspent or otherwise misapplied as determined by the Department or an Auditor representing the Department.</p>		
NAME OF BOARD AUTHORIZED REPRESENTATIVE		TITLE OF BOARD AUTHORIZED REPRESENTATIVE
SIGNATURE OF BOARD AUTHORIZED REPRESENTATIVE		DATE

**SECTION IV – DISTRICT DATA**

	Free & Reduced Lunch Rate for District
	Percent Bonded to Capacity
	Equalized Assessed Valuation for Eligible Pupil
<input type="checkbox"/> Yes <input type="checkbox"/> No	ADA transition plan has been approved by the Board, 2 <sup>nd</sup> Cycle. Date_____

**Philosophy of Maintenance**

Briefly describe in the space below the districts philosophy of maintenance or maintenance plan.

**Ability to Maintain Renovated/Repaired Facilities**

In the space provided detail the steps the district will take to maintain the **Renovated/Repaired Facilities that are listed in this application.**

**SECTION V – BUILDING DATA** *(copy for each building)*

BUILDING NAME		BUILDING CODE (4 DIGIT CODE)				
NAME OF BUILDING CONTACT PERSON	TITLE OF BUILDING CONTACT PERSON		TELEPHONE NUMBER			
E-MAIL ADDRESS			FAX NUMBER			
Age of the Building (Age of Building is considered to be the oldest part of the building to be repaired or renovated)		Date of most recent repair/renovation that is impacted by this proposal				
Will this project be implemented in an area where no local or county codes exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this repair/renovation bring this building up to local or county codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			

**Locally Identified Needs**

State the locally identified needs for this building that will be met by the grant activities. Limit your response to the space provided.

**SECTION VI – BUILDING ACTIVITY** *(copy for each building)*BUILDING CODE  
(4 DIGIT CODE)

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**Activity Type** - Select all that apply to this activity.

- ☐ Fire &/or Life Safety Renovations
- ☐ Plumbing Systems
- ☐ HVAC Systems
- ☐ Compliance w/ ADA
- ☐ Computer Wiring

- ☐ Electrical Wiring
- ☐ Sewage Systems
- ☐ Roofing
- ☐ Windows, Insulation
- ☐ Other \_\_\_\_\_

**Description of activity, evaluation method and time span of project.**

SECTION VII – BUILDING BUDGET <i>(copy for each building)</i>									
					BUILDING CODE (4 DIGIT CODE)				
BUDGET ITEMIZATION					GRANT FUNDS REQUESTED				
6100: Salaries									
6100 Subtotal					\$				
6200: Employee Benefits <i>(optional categories)</i> FICA Medicare Retirement (Teacher or Non-Teacher) Health, Life, and/or Dental Insurance Other Benefits									
6200 Subtotal					\$				
6300: Purchased Services									
6300 Subtotal					\$				
6400: Materials/Supplies									
6400 Subtotal					\$				
6100-6400 SUBTOTAL					\$				
Indirect Cost Optional (Restricted Rate: ____% x Subtotal)					\$				
6500: Capital Outlay									
6500 Subtotal					\$				
TOTAL					\$				

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**SECTION VIII – BUDGET SUMMARY** *(make one copy if more than five buildings are applying)*

<b>BUDGET CATEGORY</b>	<b>Building Code</b> _____	<b>Building Code</b> _____	<b>Building Code</b> _____	<b>Building Code</b> _____	<b>Building Code</b> _____	<b>Subtotal from 1<sup>st</sup> 5 Buildings</b>	<b>Subtotal from 2<sup>nd</sup> 5 Buildings</b>	<b>TOTAL</b>
<b>6100:</b> Salaries								
<b>6200:</b> Employee Benefits								
<b>6300:</b> Purchased Services								
<b>6400:</b> Materials/ Supplies								
<b>6100-6400 SUBTOTAL</b>								
Indirect Cost Optional (Restricted Rate: ____% x Subtotal)								
<b>6500:</b> Capital Outlay								
<b>TOTAL</b>								